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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [k] IXC [] CLEC [] Wireless

Como	any Nama	FEIN/SSN
	any Name < Communications, Inc.	FEIN/SSIN
Dba/fl	· · · · · · · · · · · · · · · · · · ·	i elephone #
	ong Distance	562-968-5420
	g Address	002 000 0420
	Long Beach Boulevard, Suite 201	
	State, Zip Code	
	Beach, CA 90807	gi-
	ess Location	
Long Beach, CA 90807		Los Angeles
	State, Zip Code	County
J., .	5000, <u>2.</u> p	
	REGISTERED AGEN	
	REGISTERED AGEN	THE ORIGINATION
Regis	tered Agent: CT Corporation	<u> </u>
Mailing Address: 2 Office Park Court, Suite 103		PSO on
	mbia, SC 29223	MAIL
	State, Zip Code	
	to the Commission's rules and regulations, pri	int or type company contact for the following:
<u>suant</u>		int of type company contact for the following a
	Heather Hall, General Manager of Operations	
Α.	General Manager (Include Address if different t	han above)
	562-968-5420 / 562-427-4728	/ heatherh@opexld.com
	Telephone Number / Facsimile Number	
	Lucy Sung, Customer Service Director	
B.	Customer Relations/Complaints Representat	tive (Include Address if different than above)
υ.	562-968-5420 /800-710-0963	
	Telephone Number / Facsimile Number	
	Heather Hall, General Manager of Operations	/ E Man / Idahooo
C1.		tive for Escalated Complaints (Include Address
CI.	different than above)	tive for Escalated Complaints (include Address
	562-968-5420 /562-427-4728	/ heatherh@opexld.com
	Telephone Number / Facsimile Number	/ E-mail Address
	888-577-7266	7 E Maii Addioss
C2		
C2.	Customer Contact (Toll Free Number)	
	N/A	Life and the make and
C2.	•	different than above)
	N/A Engineering Operations (Include Address if o	
	N/A Engineering Operations (Include Address if o	different than above) / / E-mail Address
D.	N/A Engineering Operations (Include Address if of the control of t	/ / E-mail Address
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D.	N/A Engineering Operations (Include Address if of the control of t	/ / E-mail Address han above) /
D.	N/A Engineering Operations (Include Address if of the control of t	/ / E-mail Address han above) /

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Title		Date
This form wa	s completed by	Signature / H
Mark Leafste		11/4/12
Telephone Nu	ımber / Facsimile Number	/ E-mail Address
(Mailing Addr	ess) /	1
Lifeline Maili		
N/A	nes (Nomo)	
Telephone Nu	ımber / Facsimile Number	/ E-mail Address
407-260-101		/ mark@csilongwood.com
(Mailing Addre		
		Central Parkway, Suite 2028, Longwood, FL 3275
Mark Lamme	rt, CPA ots Mailings (Name)	
Telephone Nu		/ E-IIIdii Addless
407-260-1011		/ mark@csilongwood.com / E-mail Address
(Mailing Addre		/
		Central Parkway, Suite 2028, Longwood, FL 32750
Universal Se	vice Fund Mailings (Name)	
Mark Lamme		
Telephone Nu	mber / Facsimile Number	/ E-mail Address
		1
(Mailing Addre	rss)	
Interim LEC F	Fund Mailings (Name)	
N/A		
Telephone Nu	mber / Facsimile Number	/ E-mail Address
(Mailing Addre	SS) /	1
/A A - 11' A - L-1		
	ailings (Name)	
N/A	Tiper / Lacalitile Number	/ E-Mail Address
Telephone Nu		/ heatherh@opexld.com / E-mail Address
562-968-5420		

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201